NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

35890
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 9467

(c) City ST LOUIS MO (d) Street No. St. John's Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GLENNON RALEIGH.

(a) Residence, No. 4458 WASHINGTON, BLVD. St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE.	SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 4, 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	29	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LAWYER

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EDINA MO.

FATHER

13. NAME THOMAS F RALEIGH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAM CO ILL.

MOTHER

15. MAIDEN NAME STELLA STEVE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KNOX CO. MO.

17. INFORMANT (ADDRESS) THOMAS E. RALEIGH SPRINGFIELD, ILL.

18. BURIAL, CREMATION, OR REMOVAL
PLACE EDINA MO DATE 10-12-37 19

19. FUNERAL DIRECTOR (ADDRESS) MULLEN BROS 4259 LINDELL BLVD.

20. FILED OCT 11 1937 J F Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arrhosis of Liver	
Edema of Brain	

Other contributory causes of importance:

Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? 124b Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) Crane

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Thos R. Fenwick, Licensed Embalmer No. 3793

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Thos R. Fenwick

Licensed Embalmer No. 3793

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)